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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS 1
OPERATOR 1
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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OCT 11 1965

O. G. C.
ARTESIA, OFFICE

I. Tenneco Oil Company

Address
P.O. Box 1031, Midland, Texas
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Change name of lease from
Recompletion ☐ Oil ☐ Dry Gas ☐ State B-514
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Effective 10-1-65

If change of ownership give name and address of previous owner Leonard Oil Company, 10th Floor Security Life Bldg., Roswell, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name State L Well No. 17 Pool Name, including Formation Grayburg Jackson (Q.G. SA.) Kind of Lease State, Federal or Fee State State
Location
Unit Letter A ; 330 Feet From The north Line and 330 Feet From The east
Line of Section 28 , Township 17 S Range 29 E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent.)
Texas New Mexico Pipe Line Co. Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent.)
Phillips Petroleum Co. Room B-2 Phillips Bldg., Odessa, Texas
If well produces oil or liquids, give location of tanks. Unit H Sec. 28 Twp. 17S Rge. 29E Is gas actually connected? yes When 3-1960

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. L. Leggett
(Signature)

District Office Supervisor

(Title)

October 1, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 13 1965, 19____
BY M. L. Armstrong
TITLE OIL AND GAS SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply